

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
06/05/02 00:00

Patient Name: ALFANO, STEVEN  
History #: 228-4147  
Accession #: 4118721  
See Secondary: 1009-0416-08  
Date of Birth: 01-11-1958  
Sex: M  
Ordered by:  
Specimen Date: 06/05/2002 01:00  
Report Date: 06/05/2002 02:18  
Status: Final

COMP METABOLIC PANEL  
GLUCOSE/FASTING

mg/dL 65-100

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department in 800-641-1790.

SODIUM	141	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	19	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	17.3		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN TOTAL	7.4	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBULIN, CALCULATED	2.7	g/dL	2.2-4.2
A/G RATIO	1.7		0.8-2.0
BILIRUBIN, TOTAL	0.75	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	120	U/L	20-125
AST	21	U/L	2-50
ALT	10	U/L	2-60
PTT	32.9	Seconds	22.0-34.0
PROTHROMBIN TIME			
INR	0.95	Ratio	0.90-1.10
No Anticoagulant, Normal 0.9 - 1.1			
Oral Anticoagulant, Standard Dose 2.0 - 3.0			
Oral Anticoagulant, High Dose 2.5 - 3.5			

GLUCOSE 102 mg/dL 65-125

The glucose reference range is based on a non-fasting state.

CBC W/ DIFF & PLT

WBC	7.6	Thousands	3.8-10.8
RBC	5.28	MM/μL	4.20-5.80
HEMOGLOBIN	15.5	g/dL	13.2-17.1
HEMATOCRIT	44.8	%	38.5-50.0
MCV	84.8	fL	80.0-100.0
MCH	29.4	pg	27.0-35.0
MCHC	34.7	g/dL	32.0-36.0
RDW	12.4	%	11.0-15.0
PLATELET COUNT	237	Thousands	140-400
MPV	8.3	%	7.5-11.5
TOTAL NEUTROPHILS, %	67.8	%	
TOTAL LYMPHOCYTES, %	22.9	%	

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
 NYH # 228-41-47  
 06/05/02 00:00  
 Page# 2

MONOCYTES %	6.6	%	
EOSINOPHILS %	2.6	%	
BASOPHILS %	0.1	%	
NEUTROPHILS ABSOLUTE	5153	Cells/mcL	1500-7800
LYMPHOCYTES ABSOLUTE	1740	Cells/mcL	850-3900
MONOCYTES ABSOLUTE	502	Cells/mcL	200-950
EOSINOPHILS ABSOLUTE	198	Cells/mcL	50-550
BASOPHILS ABSOLUTE	8	Cells/mcL	0-200

DIFFERENTIAL

An instrument differential was performed.

#### URINALYSIS COMPLETE

COLOR	Dark Yellow	Yellow
APPEARANCE	Clear	Clear
GLUCOSE QL	Negative	mg/dL Negative
BILIRUBIN	Negative	Negative
KETONES	Negative	mg/dL Negative
SPECIFIC GRAVITY	1.035 H	1.001-1.030
BLOOD	Negative	Negative
PH	6.0	5.0-8.0
PROTEIN TOTAL QL	30 (1+)	mg/dL Negative
NITRITE	Negative	Negative
LEUKOCYTE ESTERASE	Negative	Negative
SQUAMOUS EPITHELIAL CELLS	3-5	/hpf 0-5
WBC	0-2	/hpf 0-3
BACTERIA	None	/hpf None
RBC	None	/hpf 0-2

8700-44010  
 50-61-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
 NYH # 228-41-47  
 06/11/02 17:58

Progress Note: Steven Allano / June 11, 2002

Subjective: 44 year old man with  
 preoperative vision no changes since last visit 10/02

Brain lesion - resected by neurosurgical oncologist  
 dx L5/6 T17 glioma (glioblastoma multiforme)

depression - feeling better with benign diagnosis above

ocular dysfunction - also contributing in depression

Objective:

BP 124/84 P 88 HR 74 Wt 298 LBS Height 6FT 3IN

HEENT: (MURKIN, ROM) without nystagmus, does flat B, no H/E.

OP: TM's and eardrums clear, no sinus tenderness.

Neck: no LN, no myxoedema/hypothyroidism, carotids 2+8, no bruits.

Lungs and Chest: CTA and P. No axillary or SC LN.

Card: PMI non-tender, nondisplaced, RRR s1s2, no murmur.

Back: no spinous tenderness or scoliosis. No CVAT.

Abd: BS active. NT, ML, no HSM.

Rectal:

Lymphatics: No axillary, supraclavicular, or inguinal LNs.

Ext: DP 2+ B, no edema.

M/S: moderate R shoulder impingement

Neuro: Numbness. Strength 5/5 B UE and LE. DTRs 2+ throughout.

Skin: No rashes or dysplastic nevi.

GU: testes RL size, no masses, no scrotal masses, no inguinal hernia B.

Current Medications:

VICODIN 5/500 TABLET / 1 tab po q 4 h prn

TRIAMCINOLONE 0.1% CREAM / apply bid

VIOXX 50MG TABLET / 1 tab po qd

CELEXA 20MG TABLET / 1 po qd

ZESTRIL 20MG TABLET / 1 po qd

PREVACID 30MG CAPSULES / 1 po qd

MITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn

MITREX 50MG TABLET / 1-2 tabs with onset of migraine

ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:

low risk for pituitary surgery

0700-0400  
 50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
NYH # 228-41-47  
06/11/02 17:58  
Page# 2

ED

New medication: VIAGRA 50MG TABLET / 1 tab po 1-2 h if intercourse

Indication: use

WELLBUTRIN XR 150MG TABLET / 1 tab po bid  
may have benefit in depression

RTC

Keith Russell, MD

2750-88030  
50-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
09/27/02 15:48

Progress Note: Steven Alfano / September 27, 2002

Subjective: 44 year old man with  
low back pain - on social security disability

former lesion - re-assured by orthopaedic neurologist  
dx LSMFT (2) approaching myxofibrous tumor

depression - feeling better with benign diagnosis above  
doing better with Wellbutrin

erectile dysfunction - also contributing to depression  
got prescription

quit smoking

hernia  
c/o pain under R testicle  
worse after sex

hip pain - L. spine - only once

HTN - on Zestril  
Objective:

BP 130/80 up to 160/100 Wt 295 lbs Height 6FT 3IN  
small bulging, no trunk herniation

#### Current Medications:

VIAGRA 50MG TABLET / 1 tab po 1-2 hrs intercourse  
WELLBUTRIN XL 150MG TABLET / 1 tab po bid  
VICODIN 5/500 TABLET / 1 tab po q 4 h prn  
TRIAMCINOLONE 0.1% CREAM / apply bid  
VIOXX 50MG TABLET / 1 tab po qd  
COLEXA 20MG TABLET / 1 po qd  
ZESTRIL 20MG TABLET / 1 po qd  
PREVACID 30MG CAPSULES / 1 po qd  
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Inquiries:

Plan/management to be done:

depression - better

070-04510  
94219

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
09/27/02 15:48  
Page# 2

---

back pain - in plans to get back surgery eventually

Refills: WELBUTRIN SR 150MG TABLET / 1 tab po bid  
VICODIN 50MG TABLET / 1 tab po q 4 h prn

RTC

Keith Roach, MD

0720-44010  
50-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
 NYH # 228-41-47  
 12/11/02 00:00

Patient Name: ALFANO, STEVEN  
 History #: 228-41-47  
 Accession #: 90110627  
 Sex: Male  
 Date of Birth: 01/14/58  
 Order by:  
 Specimen Date: 12/11/2002 00:00  
 Report Date: 12/11/2002 12:35  
 Status: Final

TESTOSTERONE, TOT & FREE	2.5 M	Percent	1.0-2.7
TESTOSTERONE, % FREE			
TESTOSTERONE, FREE	93.2	pg/mL	50.0-210.0
TOTAL TESTOSTERONE	336	ng/dL	260-1000

270-44313  
 50-679

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
12/11/02 14:04

Progress Note: Steven Alfano / December 11, 2002

Subjective: 44 year old man with  
mixed spms in mouth

low back pain - got social security disability  
taking Vicxx, duloxetine, Vicodin

penis lesion - assessed by urologic oncologist  
dx LSCCT (7 liposclerotic myxofibrous tumor)

depression - feeling better with benign diagnosis above  
doing better with Wellbutrin

erectile dysfunction - also contributing to depression  
got prescription

quit smoking

hernia  
abdo pain under R testicle  
worse after sex

hip pain - L, slight - only once  
R sided lateral arm

HTN - no Zestril

SH: did get disability  
financially doing much better

Objective:

BP 136/88 P 92bpm RR 12 Wt 283.5lbs Height 6FT 3IN  
looks like root of wisdom tooth - supposedly all removed

Current Medications:

VIAGRA 50MG TABLET / 1 tab po 1-2 h a intercourse  
WELLBUTRIN SR 150MG TABLET / 1 tab po bid  
VICODIN 5/500 TABLET / 1 tab po q 4 h prn  
TRIAMCINOLONE 0.1% CREAM / apply bid  
VIOXX 50MG TABLET / 1 tab po qd  
CELEXA 20MG TABLET / 1 po qd  
ZESTRIL 20mg TABLET / 1 po qd  
PREVACID 30MG CAPSULES / 1 po qd

12-11-02  
9:27:5



THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
NYH # 228-41-47  
12/11/02 14:04  
Page# 2

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:  
eruption of part of tooth  
LSFT  
MTN

Plan:  
ORAL SURGERY CONSULT  
ORTHOPEDIC CONSULT  
FEMUR  
TESTOSTERONE; FREE AND TOTAL

Discontinued: VIAXX 50MG TABLET / 1 tab po qd

Refilled: VICLOIN 5/500 TABLET / 1 tab po q 4 h prn

New medication: IBUPROFEN 600MG TABLET / 1 tab po qd

RTC

Keith Rosen, MD

0750-04013  
50-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Atlano  
NYH # 228-41-47  
04/07/03 11:15

Progress Note: Steven Atlano / April 7, 2003

CIMA/GMC Preoperative Evaluation

Requested by: Dr. Alexiades (fax 212.439.6855)

Referring Physician's address/telephone #: fax to Lenox Hill 434 3358

Planned surgery: cholecystomy, arthroscopic

Surgery date: 4/10/03

HPI: 45 year old man with

PMH:

low back pain - on social security disability

taking Vicodin, Vicodin/ul (ibuprofen) (headaches)

bone lesion - measured by orthopaedic oncologist

dx L5/S1 F1 (? transverse myelitis tumor)

depression - feeling better with benign diagnosis above

doing better with Wellbutrin

creatinine dysfunction - also contributing to depression

not prescription

quit smoking

hernia

c/o pain under R testicle

worse after sex

HTN - on Zosin

Coronary artery disease: none

Diabetes mellitus requiring therapy (insulin diet) none

COPD: none

Asthma: none

PSH: hernia repair

Phx: NC

Sex: living at home with wife

Work: on disability

Relationships:

Cigarette use: quit x 1 month

Alcohol: can

Drugs: none

Mental maintenance: up-to-date

Immunizations: up-to-date

STUDY-41513  
50.07.9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
04/07/03 11:15  
Page# 2

Current Medications:

WELLBUTRIN XL 150MG TABLET / 1 tab po bid  
VIAGRA 50mg TABLET / 1 tab po 1-2 h a intercourse  
VICODIN 5/500 TABLET / 1 tab po q 4 h prn  
TRIAMCINOLONE 0.1% CREAM / apply bid  
CELEXA 20MG TABLET / 1 po qd  
ZESTRIL 20mg TABLET / 1 po qd  
PREVACID 30MG CAPSULES / 1 po qd  
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 325MG TABLET EC / 1 po qd  
Allergies:

Review of Systems:

Problems with anesthesia some difficulty last time with waking up after general anesthetic

Bleeding problems none

Exercise:

Blocks walks before needing to rest: 1 block

Plains of steps climbed before needing to rest: 1

Reason for stopping: back pain, neuropathic pain in back/leg

Pulm: neg

Card: no chest discomfort

GI: neg

GU: neg

Objective:

Healthy looking man in no distress

BP 130/100 P 114 bpm Wt 300 lbs Height 6ft 3in

HEENT: PMH, EOMM equal symmetric, clear flat B, no H/E.

OP/TM's and uva's etc. no sinus tenderness.

Neck: no L/N, no thyromegaly/adenoids, carotids 2x2, no bruits.

Lungs and Chest: r TA and P. No axillary or SC LN.

CV: PMI nonenlarged, nondisplaced, RCR s1s2, no w/g.

Back: no obvious tenderness or scoliosis. No CVAT.

Abd: BS active, NT, ND, no HSM.

Rectal:

Lymphatics: No axillary, supraclavicular, or inguinal L/N.

Ext: DP 2+10, no edema.

M/S:

Neuro: Romberg, Strength 5/5 B UE and LE. DTR's 2+ throughout.

Skin: No rashes or dysplastic nevi.

GU: testes 2x, 4+ no masses, no seminal masses, no inguinal hernia.

Data (as clinically indicated):

Chemistry history:

Patient Name: ALFANO, STEVEN

CRC W/ DIFF + PLT  
WBC

6.6

Thous/mcL, 3.8-10.8

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Afano  
NYH # 228-41-47  
04/07/03 11:15  
Page# 3.

RBC	5.16	Mill/mcL	4.20-5.80
HEMOGLOBIN	15.3	g/dL	13.2-17.1
HEMATOCRIT	45.0	%	38.5-50.0
MCV	87.2	fL	80.0-100.0
MCH	29.6	pg	27.0-31.0
MCHC	32.9	g/dL	32.0-36.0
RDW	13.0	%	11.8-13.0
PLATELET COUNT	297	Thous/mcL	140-400
MPV	8.2	fL	7.5-11.5
TOTAL NEUTROPHILS %	66.9	%	38-80
TOTAL LYMPHOCYTES %	24.2	%	15-49
MONOCYTES %	6.8	%	0-13
EOSINOPHILS %	1.8	%	0-8
BASOPHILS %	0.3	%	0-2
NEUTROPHILS ABSOLUTE	3753	Cells/mcL	1500-7800
LYMPHOCYTES ABSOLUTE	2081	Cells/mcL	850-3900
MONOCYTES ABSOLUTE	585	Cells/mcL	200-950
EOSINOPHILS ABSOLUTE	155	Cells/mcL	15-550
BASOPHILS ABSOLUTE	26	Cells/mcL	0-200
DIFFERENTIAL			

no instrument differential was performed.

COMP METABOLIC PANEL  
GLUCOSE FASTING

mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 212-631-1390.

SODIUM	142	mmol/L	135-146
POTASSIUM	4.6	mmol/L	3.5-5.1
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	25	mmol/L	21-33
UREA NITROGEN	18	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	16.4		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN TOTAL	7.5	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBULIN CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.7		0.8-2.0
BILIRUBIN TOTAL	0.63	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	113	U/L	20-125
AST	23	U/L	2-50
ALT	45	U/L	2-60
PTT	30.0	Seconds	22.0-34.0
PROTHROMBIN TIME			
INR	0.95	Ratio	0.90-1.10

Pl. Anticoagulant, Normal 0.9 - 1.1  
(Heparin) Anticoagulant, Standard Dose 2.0 - 3.0  
(Heparin) Anticoagulant, High Dose 2.5 - 3.5

URINALYSIS, COMPLETE  
COLOR  
APPEARANCE  
GLUCOSE (CL)  
BILIRUBIN  
KETONES  
SPECIFIC GRAVITY

Dark Yellow  
Clear  
Negative  
Negative  
Negative  
1.025 H  
Yellow  
Clear  
Negative  
Negative  
Negative  
1.001-1.030

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
04/07/03 11:15  
Page# 4

BLOOD	Negative		Negative
PH	6.0		5.0-8.0
PROTEIN, TOTAL, g/L	Trace	mg/dL	Negative
NITRITE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	None	/hpf	0-5
WBC	None	/hpf	0-3
BACTERIA	None	/hpf	None
RBC	None	/hpf	0-2
GLUCOSE	86	mg/dL	65-125

77.- glucose reference range is based on a non-fasting state.

**CBC:**

CVTPTT:

ECG: normal

Chest X-ray, 2002 normal, not indicated today

Stress test: not indicated

**Impression:**

low risk for planned surgery

HTN - well controlled

back pain - OK on analgesics

inspiration d/t

held aspirin surgery today

**Recommendations:**

no medical contraindications to planned surgery

Keith R. Bach, MD

STEVEN ALFANO  
MD  
4/7/03

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
 NYH # 228-41-47  
 04/07/03 11:41

Patient Name: ALFANO, STEVEN  
 History #: 228-4147  
 Accession #: 23446202  
 Soc Security: 097449648  
 Date of Birth: 01/14/58  
 Sex: M  
 Ordered by:  
 Specimen Date: 04/07/2003 11:41  
 Report Date: 04/08/2003 04:05  
 Status: Final

# CBC W/ DIFF & PLT

WBC	8.6	Thous/mcL	3.8-10.8
RBC	5.16	Mill/mcL	4.20-5.80
HGBOCLOBIN	15.3	g/dL	13.2-17.1
HEMATOCRIT	49.0	%	38.5-50.0
MCV	87.2	fL	80.0-100.0
MCH	29.6	pg	27.0-33.0
MCHC	33.9	g/dL	32.0-36.0
RDW	13.0	%	11.0-15.0
PLATELET COUNT	297	Thous/mcL	140-400
MPV	8.2	fL	7.5-11.5
TOTAL NEUTROPHILS %	66.9	%	38-80
TOTAL LYMPHOCYTES %	24.2	%	15-49
MONOCYTES %	6.8	%	0-13
EOSINOPHILS %	1.8	%	0-5
BASOPHILS %	0.3	%	0-2
NEUTROPHILS ABSOLUTE	5753	Cells/mcL	1500-7800
LYMPHOCYTES ABSOLUTE	2081	Cells/mcL	850-3900
MONOCYTES ABSOLUTE	585	Cells/mcL	200-950
EOSINOPHILS ABSOLUTE	155	Cells/mcL	15-550
BASOPHILS ABSOLUTE	26	Cells/mcL	0-200

## DIFFERENTIAL

An instrument differential was performed.

## COMP METABOLIC PANEL GLUCOSE PANELING

mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chemscreen order. If you have any questions or concerns, please call our client services department at 800-634-1300.

SODIUM	142	mmol/L	135-146
POTASSIUM	4.6	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	25	mmol/L	21-33
UREA NITROGEN	18	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.2
BUN/CREATININE RATIO	16.4		10-25
CALCIUM	9.6	mg/dL	8.5-10.2
PROTEIN W/AL	7.5	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBULIN CALCULATED	2.8	g/dL	2.2-4.2
AG RATIO	1.7		0.8-2.0
BILIRUBIN TOTAL	0.63	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	113	U/L	20-125
AST	23	U/L	2-50
ALT	33	U/L	2-60

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
 NYH # 228-41-47  
 04/07/03 11:41  
 Page# 2

PTT	38.0	Secmals	22.0-34.0
PROTHROMBIN TIME			
INR	0.95	Ratio	0.9(0.1,1.1)
	No Anticoagulant, Normal		0.9 - 1.1
	Oral Anticoagulant, Standard Dose		2.0 - 3.0
	Oral Anticoagulant, High Dose		2.5 - 3.5
URINALYSIS COMPLETE			
COLOR	Dark Yellow		Yellow
APPEARANCE	Clear		Clear
GLUCOSE	Negative	mg/dL	Negative
BILIRUBIN	Negative		Negative
KETONES	Negative	mg/dL	Negative
SPECIFIC GRAVITY		1.015-1.030	1.001-1.030
BLOOD	Negative		Negative
PH	6.0	5.0-8.0	
PROTEIN	Trace	mg/dL	Negative
NITRITE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	None	/hpf	0-5
WBC	None	/hpf	0-3
BACTERIA	None	/hpf	None
RBC	None	/hpf	0-2
GLUCOSE	06	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

0720-44010  
 50-57-5

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
05/01/03 11:23

Mt Sinai School Of Medicine

January 22nd 2003

Dr. Demsey S. Springfield, MD  
Orthopaedic Surgeon  
212-241-8344  
fax # 212-526-6145

DX: LSMFT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and radiodensities. I compared it to the one taken in July.

ms

278-84013  
50-27-9



THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
NYH # 228-41-47  
05/21/03 22:09

Progress Note: Steven Allano / May 21, 2003

Subjective: 63 y. old man with skin tags  
for removal

surgery for men cancer went well

back pain - considering surgery  
one problem at a time!

quit smoking

forms filled out

Objective:

BP 130/90 HR 80 bpm RR 12 Temp 99.1 F Wt 294 lbs Height 6ft 3in Pain usual  
multiple skin tags

Current Medications:

WELLBUTRIN SR 150MG TABLET / 1 tab po bid  
VIAGRA 50MG TABLET / 1 tab po 1-2 hr intercourse  
VICODIN 5/500 TABLET / 1 tab po q 4 h prn  
TRIAMCINOLONE 0.1% CREAM / apply bid  
CELEXA 20MG TABLET / 1 po qd  
ZESTRIL 20MG TABLET / 1 po qd  
PREVACID 30MG CAPSULES / 1 po qd  
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:  
removed with cautery without lidocaine per pt request

discussed options for back pain

RTC 3 mo

Keith Rausch, MD /  
Electronic Signature on File

228-41-47  
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
09/22/03 10:01

Progress Note: Steven Alfano / September 22, 2003

Subjective: 45 year old man with  
quit smoking

lost 4 lb

musculoskeletal

R hip - will see Alexander

neck - C5 stenosis

shoulder - fixed

sleep apnea

concern about CAD

skin tags

Objective:

BP 110/80 / No apn RR 12 Temp 98.2 / Wt 290lbs Height 6ft 3in

looks well

small, benign appearing skin tags

Current Medications:

WELLBUTRIN XL 150MG TABLET / 1 tab po bid

VIAGRA 50MG TABLET / 1 tab po 1-2 h a intercourse

VICODIN 5/500 TABLET / 1 tab po q 4 h prn

TRIAMCINOLONE 0.1% CREAM / apply bid

CELEXA 20MG TABLET / 1 po qd

ZESTRIL 20MG TABLET / 1 po qd

PREVACID 30MG CAPSULES / 1 po qd

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn

IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

ASPIRIN 81MG TABLET EC / 1 po qd

COXYCONTIN 10MG TABLETS / 1 tab po qd b

Allergies:

Impression:

Plan:

continue - congestive heart failure

hip pain - will see Dr Alexander

spinal stenosis - certified narcotics - pt to revisit more aggressive treatment  
has lost weight

STOP-UNDO

9/23/03

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
NYH # 228-41-47  
09/22/03 10:01  
Page# 2

---

sleep apnea - no evidence of organ damage, no daytime somnolence - no need for CPAP at this time

? CAD - unclear

RTC

Keith Roach, MD

Electronic Signature on file

100-84013  
50-219

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
 NYH # 228-41-47  
 09/22/03 22:10

Patient Name: ALLANO, STEVEN  
 History #: 2281147  
 Accession #: 00479879  
 Site Secretary: 000049608  
 Date of Birth: 01/11/58  
 Sex: M  
 Ordered by: RYAN, KATH  
 Specimen Date: 09/22/03 22:10  
 Report Date: 09/23/2003 06:37  
 Status: Final

#### LIPID PANEL

TRIGLYCERIDES	130	mg/dL	<150
HDL CHOLESTEROL	46	mg/dL	≥40
CHOLESTEROL TOTAL	224 H	mg/dL	<200
HDL CHOLESTEROL	46	mg/dL	≥40
CHOLESTEROL/HDL RATIO	4.9		<5.0
LDL CHOL. CALCULATED	152 H	mg/dL	<130
TRIGLYCERIDES	130	mg/dL	<150
COMP METABOLIC PANEL			
GLUCOSE	69	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

SODIUM	141	mmol/L	135-146
POTASSIUM	4.4	mmol/L	3.5-5.3
CHLORIDE	102	mmol/L	98-110
CARBON DIOXIDE	26	mmol/L	21-33
UREA NITROGEN	20	mg/dL	7-25
CREATININE	1.0	mg/dL	0.5-1.4
BUN/CREATININE RATIO	20.0		6.0-25.0
CALCIUM	9.4	mg/dL	8.5-10.4
PROTEIN TOTAL	7.4	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBULIN CALCULATED	2.7	g/dL	2.2-4.2
A/G RATIO	1.7		0.8-2.0
BIIRUBIN TOTAL	0.66	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	118	U/L	20-125
AST	21	U/L	7-50
ALT	32	U/L	7-60
C-REACTIVE PROTEIN			
C-REACTIVE PROTEIN	0.1	mg/dL	<0.8

0720-04510  
 50-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
01/22/04 15:42

Mr. Signal School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic. X-rays show no change in the lesion in his proximal femur.  
We will follow him on an annual basis.

Dempsey S. Springfield, MD

ms

228-41-47  
01-22-04

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER  
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano  
NYH # 228-41-47  
09/10/04 22:44

Progress Note: Steven Alfano / September 10, 2004

Subjective: 40 year old man with  
lumbar spinal stenosis - on out of Oxycodone - did very poorly, now better

HTN - continues high BP today to running out of meds

neck pain - primary complaint of neck pain/stiffness  
R > L

Objective:

BP 140/90 HR 77 wt 225 lbs Height 6'5" 5in  
120/96 apical  
upper shoulder/neck: R muscle tenderness R > L

Current Medications:

LISINAPRIL 20MG TABLET / 1 tab po qd  
TRIAMCINOLONE 0.1% CREAM / apply bid  
PREVACID 30MG CAPSULES / 1 po qd  
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 81MG TABLET EC / 1 po qd  
OXYCONTIN 40MG TABLETS / 1 tab po tid  
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:  
neck pain: discussed problem of deciding whether to treat if identified  
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy  
Discontinue ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Rosch, M.D.  
Electronic Signature on File

09-09-04  
20:07:00

JUN 14 2005 3:32PM

NYPH

NO. 483 P. 1

Keith Roach, MD  
 Council Internal Medicine Associates  
 508 East 70th Street  
 New York, NY 10021  
 Tel: 212-740-3078 Fax: 212-740-5127  
 kwr2001@med.cornell.edu

**New York  
 Presbyterian  
 Hospital**

# Fax

To: Dr. Scott C. Taylor From: Dr. Roach  
 Fax: 860-731-3211 Pages: 2  
 Phone: \_\_\_\_\_ Date: 06/14/05  
 Re: Steven Alfano cc: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

### CONFIDENTIALITY NOTICE

THE DOCUMENTS ACCOMPANYING THIS TELECOPY TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION, BELONGING TO THE CENTER THAT IS LEGALLY PRIVILEGED. THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR ACTION TAKEN IN RELIANCE ON THE CONTENTS OF THESE DOCUMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY TO ARRANGE FOR RETURN OF THESE DOCUMENTS.

JUN. 14. 2005 3:32PM NYPH

NO. 483 P. 2

**CORNELL**  
UNIVERSITY

**NEW YORK**  
PRESBYTERIAN  
HOSPITAL

John and Sanford J. Weill  
Medical College

Keith W. Rosch, M.D.  
Associate Professor of Clinical Medicine  
Associate Professor of Public Health and Epidemiology  
Program Director, Primary Care Residency Program  
Cornell Internal Medicine Associates  
Department of Medicine

605 East 70th Street  
Helmsley Tower, Suite 450  
New York, NY 10021  
Telephone: 212 746-2379  
Fax: 212 746-4409

Dr Scott C. Taylor, D.O.  
Cigna Insurance  
By fax 860-731-3211

June 14, 2005

Dear Dr Taylor:

I wanted to provide a summary of Mr Alfano's condition and my recommendations for his future work, following our telephone conversation and the summary you sent me on June 8, 2005.

Mr. Alfano has some residual functional capacity to do sedentary work. He is limited, however, by his need for sitting, standing, and laying down ad lib frequently during the day. I do not think Mr Alfano is capable of performing even sedentary work for more than 1/2 hour at a time, nor for more than two hours total during the day. While it is possible that he may improve his ability to do work, he unfortunately has not improved in the last five years and it seems to be less likely that he will have significant improvement. He continues to require daily narcotics, and frequent hot baths for pain control. The neck and back are the primary problem; the LSMFT of the femur is not a disabling condition.

My recommendations are indeed based primarily on the history of Mr Alfano, but also on my direct observation of his level of discomfort in a 20 to 30 minute office visit. I continue to affirm the findings of the prior disability determinations.

Sincerely,

  
Keith W. Rosch, M.D.



## Message Confirmation Report

JUN-10-2005 12:54 PM FRI

Fax Number : 9729521262  
Name : CIGNA DALLAS

Name/Number : 912052623902---88595  
Page : 7  
Start Time : JUN-10-2005 12:52PM FRI  
Elapsed Time : 01'33"  
Mode : STD BGM  
Results : [O.X]

## Facsimile Transmission Cover Sheet



CIGNA Group Insurance  
The American - Privately

Transmit to FAX number	Date	Time	Transmit to page
1-800-634-8532	June 10, 2005	12:01 PM	Transmit to page 7
To			
Name	Name		
Melissa Harrison	Tiffany Brown		
Company	Occupant		
HealthSouth	Expert Resource		
Phone	Phone		
205-269-3902	1-800-832-0611 *1002		
Address	Address		
	12225 Glenview Ave		
	Dallas, TX 75243		

Citation: Atlanta, Georgia

1 Day FCE request please. Attached are the documents. Please contact me with any questions.

Please, Rush

Please

Thank you,

Tiffany Brown

DISCLAIMER: This is a facsimile transmission. If you have received this facsimile as a copy, please immediately notify the sender by telephone of the number above. The document is not a copy of the original document and may contain errors. This information is intended only for the use of the individual(s) or entity named above. Thank you for your cooperation.

\*CIGNA and CIGNA Group Insurance are registered service marks and are the service marks of CIGNA Group Insurance. CIGNA and CIGNA Group Insurance are registered by their respective owners. CIGNA Group Insurance is a registered service mark of CIGNA Group Insurance. CIGNA Group Insurance is a registered service mark of CIGNA Group Insurance.

1 Day FCE request please

To: 912052623902

CLICNY 0844

## Facsimile Transmission Cover Sheet

CIGNA Group Insurance  
Life • Accident • Disability

Transmit to FAX number <b>1-800-634-8532</b>	Date <b>June 10, 2005</b>	Time <b>12:48 PM</b>	Total number of pages (including this sheet) <b>2</b>
To		From	
Name <b>Melissa Harrison</b>		Name <b>Tiffany Brown</b>	
Company <b>Healthsouth</b>		Department <b>Expert Resource</b>	
Phone <b>205-262-3902</b>		Phone <b>1-800-352-0611 *1082</b>	
Address		Address <b>12225 Greenville Ave Dallas, TX 75243</b>	

Claimant: Alfano, Steven

1 Day FCE request please. Attached are the documents. Please contact me with any questions.

Please Rush

Please

Thank you,

Tiffany Brown

**CONFIDENTIALITY NOTICE:** If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

\*CIGNA and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of South America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.

☐ Acknowledgment Requested

To Fax a reply, dial:

**CIGNA REFERRAL FORM**

Underwriter: ☐ Connecticut General Life ☒ CIGNA Life Insurance Company of New York

Service Requested: ☒ 1-Day FCE ☐ 2-Day FCE

FCE Preference: ☐ Own Occupation ☒ Any Occupation

Has the claimant been notified of the referral for a FCE? ☒ Yes ☐ No

*Health South*

CLAIMANT INFORMATION			
Date Referred: June 9, 2005	Claim # 01-LTS		
Last Name: Alfano	First Name: Steven		
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463			
Home Phone: 718-884-2067	D.O.B.: 01/14/1958	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Most Recent Employer: Weill Medical College		Job Title: Wage and Salary Manager	

REFERRAL SOURCE INFORMATION		
Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax: 860-731-3244	Office Location: Dallas, TX
Billing Contact/Case Manager: Mark Sadders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

INJURY INFORMATION		
Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 <sup>th</sup> Street/MT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

SPECIAL INSTRUCTIONS/REFERRAL QUESTIONS:

## FCE Referral Questions

Claimant Name: Steven Alfano

Case Manager: Mark Sadders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: \_\_\_\_\_

The Functional Capacity Evaluation has been requested to determine the following information or because of the following: (Please check all that are applicable.)

- ☒ 1. Please quantify physical and functional abilities to determine individual's capability to perform any occupation for an 8-hour day. Provide objective rationale if unable to perform a full 8-hour day.
- ☐ 2. Can this individual safely return to his/her occupation? (Determine work ability based on: DOT and/or job description enclosed.)
- ☐ 3. Does the functional level of the client match those of his/her own occupation, or are reasonable accommodations needed to return to work?
- ☐ 4. If the client is unable to safely perform his/her own occupation, what are the limiting factors from performing the job in a safe manner?
- ☐ 5. Can the individual return to work in a modified or light duty status?
- ☒ 6. Determine safe, permissible lifting abilities and general physical demand category.
- ☒ 7. Perform consistency of effort testing and correlate clinical versus functional presentation.
- ☒ 8. Did individual demonstrate maximal effort throughout testing, or were self limiting behaviors observed?
- ☒ 9. Provide a report of any discrepancy between the subjective complaints, objective findings, and observed behavior.
- ☐ 10. Complicated case presentation involving multiple systems, i.e. fibromyalgia, RSD, chronic fatigue syndrome, myofascial syndrome, cancer, diabetes, etc.
- ☐ 11. Provide treatment recommendations with objective rationale explaining purpose, goal and prognosis for improved functioning.
- ☒ 12. Do not provide treatment recommendations with report.
- ☒ 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- ☒ 14. Provide physical abilities or capabilities form with final report.
- ☐ 15. Other Specific Instructions: \_\_\_\_\_

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

Steven Alfano  
NYH # 228-41-47  
01/22/04 15:42

CORNELL INTERNAL MEDICINE ASSOCIATES

MT Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic . X-rays show no change in the lesion in his proximal femur.  
We will follow him on and annual basis.

Dempsey S. Springfield, MD

ms

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

Steven Alfano

NYH # 228-41-47

09/10/04 22:44

CORNELL INTERNAL MEDICINE ASSOCIATES

Progress Note: Steven Alfano / September 10, 2004

Subjective: 46 year old man with  
lumbar spinal stenosis - ran out of Oxycontin - did very poorly, now better

MTN - attributes high BP today to running out of meds

neck pain - currently complaining of neck pain/stiffness  
R > L

Objective:

BP 140/100 P Wt 275 lbs Height 6ft 5in  
126/96 repeat  
upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINAPRIL 20MG TABLET / 1 tab po qd  
TRIAMCINOLONE 0.1% CREAM / apply bid  
PREVACID 30MG CAPSULES / 1 po qd  
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn  
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
ASPIRIN 81MG TABLET EC / 1 po qd  
OXYCONTIN 40MG TABLETS / 1 tab po tid  
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:  
neck pain: discussed problem of deciding whether to treat if identified  
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy  
Discontinued: ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Roach, M.D.  
Electronic Signature on File

ALFANO, JO. 2004-09-14 3:30PM 41-48V

NO. 779 : 6

09/14/04 107486 7701200 CERVICAL SPINE MINIMUM 4 VIEWS Final

Ordered: 09/14/2004 Location: COMPRH CARE-HT4

Order time: 0929

Name: ALFANO, STEVEN

MRN: (00000)002284147

Age: 46 YRS Sex: M DOB: 01/14/58

Admitting M.D.: ROACH, KEITH W DR. MD

Exam Ordered: Order M.D.

CSP 4 V ROACH, KEITH W DR. MD

## RADIOLOGY REPORT.

EXAM DATE: Accession #:

09/14/04 01-RA-04-107486

## FINDINGS:

Clinical History: Neck pain. Lumbar stenosis.

Technique: Frontal lateral and oblique views of the cervical spine. Five views.

Comparison: None

Findings: Degenerative disk disease with disk space narrowing noted at

C6-C7. There is mild osteophyte formation at this level greater on the left than the right. Remainder of examination is normal. Alignment is normal and there is no evidence of fracture or dislocation. Regional soft tissues and osseous structures are normal.

## IMPRESSION:

Degenerative disk disease with disk space narrowing and osteophyte formation at C6-C7. Left foraminal narrowing secondary to uncus vertebral joint osteophyte formation.

## DIAGNOSIS:

01RA04107486

Study interpreted and report approved by: Robert D. Zimmerman M.D.

Electronically signed Diagnostic Imaging Report

14SEP200/ 14SEP2004/ RZ

Exam start / Sign-off / Transcription initials.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45106

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano  
NYH # 228-41-47  
05/01/03 11:23

Mt Sinai School Of Medicine

January 224th 2003

Dr. Dempsey S. Springfield, MD  
Orthopaedic Surgeon

fax to 212-534-6145

DX: LSMFT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and radiodensities. I compared it to the one taken in July.

ms



Mark Sodders  
Claim Manager  
CIGNA Disability Management Solutions



CIGNA Group Insurance  
Life • Accident • Disability

June 8, 2005

Routing 212E  
12225 Greenville Avenue  
Suite 1000 LB 179  
Dallas, TX 75243-9382  
Telephone 800.352.0611 x5693  
Facsimile 860.731.2907  
Mark.Sodders@Cigna.com

Steven Alfano  
3800 Waldo Avenue, 13-G  
Bronx, NY 10463

Re: Claimant: Steven Alfano  
Policy Number: NYK 1972  
Policy Holder: Weill Medical College  
Underwriting Company: CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the above-mentioned claim for long term disability benefits.

Please be advised that after a review of the medical information your physician submitted, we are in the process of scheduling a Functional Capacity Evaluation (FCE) for you. A representative from HealthSouth will be contacting you to discuss the date, time and place of the FCE. This exam will be at our expense.

Your policy through Weill Medical College does include a provision that allows us to send you for an exam as often as reasonably required.

Should you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

Mark Sodders

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

CLICNY 0852

Task: Claimant Contact		Start Date: 05/09/2005		Due Date: 06/17/2005	
Details		Loss (0)			
Name	STEVEN ALFANO	SSN	1099-44-9648	DOB	01/14/1956
Account Name	WELL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	613554	Claim Eff Dt-Status	01/21/2003 - Active
Contact Information - Interview Documentation - Spouse Information					
Contact Information					
Title FCE re-notification					
<input checked="" type="checkbox"/> First Phone Call					
Result Left Message - With Individual					
<input type="checkbox"/> Second Phone Call					
Result					
<input type="checkbox"/> Generate Letter/Fax					
<input type="checkbox"/> Incoming Call					
<input type="checkbox"/> Mail Received					
Contact Comments					
06/09/05 called cx at 718-884-2667 to inform of the FCE. Cx stated his understanding					
MSodders CM					
Interview Documentation					
Primary Diagnosis/Symptoms/Co-Morbid Conditions					
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization					

https://ams-acoleim.group.cigna.com/acenza/Task/TaskOTCTASK\_CLAIMANT\_CONTACTDisplay.asp?id=13216311&wd=\$... 6/9/2005

Acenza: Task

## Functionality/Job Outcomes/Set Expectations

Spouse Information		IGR	
First Name	MI	Last Name	
SSN	Date of Birth		
Is Spouse Employed?	If Employed		
Date of Birth of Youngest Dependent			
Other Income Benefits			

## Comments

06/09/05 called cx at 718-884-2067 to inform of the PCS. CX stated his understanding  
 WOSodders OK

Last Changed User

Mark Sodders

Last Changed Date

06/09/2005 02:07 PM

## Active Contents

Type	Due Date	Created By	Assigned To	Title
LOD	06/06/2000	Mark Sodders	ALFANO, STEVEN	--093449548 -- 01/14/05

Status: Completed

Assigned To: Mark Sodders

Created: 06/09/2005 01:55 PM

[https://dms-accclaim.group.cigna.com/acenza/Task/TaskOTCTASK\\_CLAIMANT\\_CONTACTDisplay.asp?id=13216311&vvd=5...](https://dms-accclaim.group.cigna.com/acenza/Task/TaskOTCTASK_CLAIMANT_CONTACTDisplay.asp?id=13216311&vvd=5...) 6/9/2005

CLICNY 0854

Alfano, Steven

Case Manager: Mark Sodders

**SYNOPSIS:** 6/3/05 Title: Wage & Salary Mgr. Work Demands: Any Occupation. Diagnosis: Lumbar spinal stenosis; cervical DDD. Incur Date: 6/6/2000.

PAA said sedentary. TSA showed transferable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Last internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&Rs.

#### RECORD REVIEW:

Medical records reviewed include but are not limited to:

- Lumbar MRI, 6/9/2000 - moderate to severe L5-S1 spondylosis w/ impingement L5 nerve root.
- Progress notes, Dr Keith Roach (Internal Medicine), 1/18/02 - here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery.
- Operative report, Michael Alexiades (orthopedist), 1/28/02 - Right shoulder arthroscopy w/ subacromial decompression, distal claviclectomy, bursectomy, & lysis of subacromial adhesions.
- MRI R Hip, 5/23/02 - superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum.
- Progress notes, Dr Roach, 6/11/02 - here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery.
- Operative report, Michael Alexiades (orthopedist), 6/13/02 - Left shoulder arthroscopy w/ subacromial decompression & AC joint resection.
- Progress notes, Dr Roach, 9/27/02 - BP 130/90. Using Vicodin prn. No change in tx.
- IME, Dr David Trotter (orthopedist), 12/10/02 - support unable to work normal occupation from 12/3/2000 until present.
- Operative report, Dr Alexiades, 4/16/03 - R hip arthroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety.
- Progress notes, Dr Roach, 5/21/03 - surgery for hip went well. Considering surgery for back. BP 130/90.
- Progress notes, Dr Roach, 9/22/03 - BP 110/80. Given Oxycontin for C5 stenosis.
- Progress notes, Dr Dempsey Springfield (Internal Medicine), 1/22/04 - remains asymptomatic. No change in proximal femur lesion. RTC 1 year.
- Progress notes, Dr Roach, 9/10/04 - ran out of OxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Zestril. Get x-rays of neck.
- Cervical X-rays, 9/14/04 - DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation.
- Physical Ability Assessment form, Dr. Roach, 10/20/04 - Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing.
- Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 - Class 5 Physical limitations; incapable of sedentary activity.
- Transferable Skills Analysis, 12/2/04 - used PAA as basis. Several jobs found.
- Letter from Dr Roach, 4/19/05 - Cx's disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to lie back.

#### PROVIDER ATTEMPTS:

6/6/05 12:50 CST. 1<sup>st</sup> call to Dr Keith Roach (Internal Medicine) at 212-746-9663. Carmen says Dr not back in office until 6/7/05. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/7/05 15:20 CST. 2nd call to Dr Roach. Carmen says Dr is in office. She paged but Dr did not answer. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 07:20 CST. Listened to VM message from Dr Roach from 15:37 CST. 6/7/05. Will be available 6/8/05. Call 212-746-2879. 6/8/05 12:15 CST. 3rd call to Dr Roach at 212-746-2879. Number busy. Attempted call to 212-746-9663. Was also busy. 6/8/05 14:55 CST. Another call to Dr Roach at 212-746-2879. Carmen says Dr currently w/ a patient. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 15:05 CST. Dr Roach called. Says the difference between the PAA & letter was due to misinterpretation of what the form meant. Dr says that over an entire work day the claimant could probably work 3-4 hours collectively, however could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines.

**ASSESSMENT:** Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.  
Scott C. Taylor, DO



Scott C. Taylor, DO, FAOC  
Medical Director  
Disability Management Solutions  
CIGNA Group Insurance

Group Insurance  
Life - Accident - Disability

June 8, 2005

Keith Roach, MD  
Fax: 212-746-8127  
Re: Steven Alfano

12226 Greenville Avenue  
Suite 635  
Dallas, Texas 75243  
Telephone: 800-332-0611, ext  
7112  
scott.taylor@cigna.com

Dr. Roach,

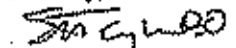
Thank you for speaking with me about Mr. Steven Alfano. This letter includes a summary of our telephone conversation in the paragraph below. I appreciate your time and help in this matter.

Telephone Conversation

"6/8/05 15:05 CST. Dr Roach called. Dr indicates that the difference between the PAA & letter was due to misinterpretation of what the form meant. He indicates that overall an entire work day the claimant could probably work 3-4 hours collectively, however he could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says that the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr also said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion an FCE there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines."

If you agree with my summary, please sign the letter below. If I have not captured our conversation accurately, please amend the letter to reflect your understanding of our conversation and sign it. Please fax this letter back to me at 860-731-3211 at your earliest convenience. If I do not receive a return fax of this letter within 7 days, I will assume you are in essential agreement with the contents of the telephone conversation above. Thank you again for the time to speak with me concerning the basis for the restrictions you recommended on Mr. Steven Alfano.

Sincerely,



Scott C. Taylor, DO, FAOC<sup>PM</sup>  
Diplomate, American Osteopathic Board of Preventive Medicine in Occupational Medicine

I am in agreement with the above brief summary of the telephone conversation with Dr. Taylor on June 8, 2005.

Keith Roach, MD

Date

06/09/05 08:24 FAX 972 582 7820

INTEGRATEDCARE

001

\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO 4638  
 CONNECTION TEL 912127460127079150  
 SUBADDRESS  
 CONNECTION ID  
 ST. TIME 06/09 08:23  
 USAGE T 00'53  
 PGS. SENT 2  
 RESULT OK

## Facsimile Transmission Cover Sheet



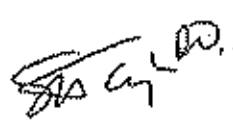
**CIGNA Group Insurance**  
 Life - Accident - Disability

Transmit to FAX number 232-746-8127	Date June 9, 2005	Time 8:19 AM	Total number of pages (including this sheet): 2
To		From	
Name Keith Roach, MD	Name Scott C. Taylor, DO		
Company	Department		
Phone	Phone 800-352-0611, ext 7112		
Address	Address Routing 212 12225 Greenville Avenue Suite 655 Dallas, Texas 75243		
Comments			

Please return signed copy of agreement with summary and if necessary any additions or deletions you feel are necessary.

## Facsimile Transmission Cover Sheet

CIGNA Group Insurance  
Life - Accident - Disability

Transmit to FAX number 212-746-8127	Date June 9, 2005	Time 8:19 AM	Total number of pages (including this sheet): 2
To		From	
Name Keith Roach, MD	Name Scott C. Taylor, DO		
Company	Department		
Phone	Phone 800-352-0611, ext 7112		
Address	Address Routing 212 12225 Greenville Avenue Suite 655 Dallas, Texas 75243		
Comments			

Please return signed copy of agreement with summary and if necessary any additions or deletions you feel are necessary.

**CONFIDENTIALITY NOTICE:** If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

"CIGNA" and "CIGNA Group Insurance" are registered service marks and logos in various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Continental General Life Insurance Company.

☐ Acknowledgment Requested

To Fax a Reply, dial: 860-731-3211



Acenza: Task

Task          Contents          Notes (0/0)		Re-route	
<b>Task: Internal Resource Response</b>			
Start Date:	06/01/2005	Due Date:	06/10/2005
Details			
Name	STEVEN ALFANO	SSN	059-44-9848
DOB	01/14/1958	Account #	NYK0001972
Account Name	WEILL MEDICAL COLLEGE	Incurred Date	06/08/2000
Claim Manager	Mark Sodders	Incident #	513554
		Claim Eff Dt-Status	01/21/2003 - Active
*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (INE, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits			
Referral Type	Medical	Name	Scott Taylor
Role	Associate Medical Director	<input type="checkbox"/> New Nurse/NRC of Record	
Check all that apply for Medical or Vocational			
<input type="checkbox"/> Symptoms insufficient to support diagnosis			
<input type="checkbox"/> Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis			
<input type="checkbox"/> Occupational requirements assessment is needed			
<input type="checkbox"/> Determine Functional Capacity			
<input type="checkbox"/> Projected return to work date is unclear or undetermined			
<input type="checkbox"/> Return to Work Assistance			
<input type="checkbox"/> Internal Transferable Skills Assessment			
<input type="checkbox"/> Claim Complexity Changed			
		Specify Other	contact AP
<input checked="" type="checkbox"/> Other			
<b>Comments</b>			
From 04/27/05 staffing with AND. As AP provided U/R's for the DOT's found, and then stated ex unable to perform those DOT's, AND to contact AP to discuss this alleged reversal. Updated O/N from 06/01/04 through present obtained. Dr. Roach's number is 212-745-8127. MSodders CN			
Title		Date	
Referral Accepted			
Comments			

[https://dms-acclaim.group.cigna.com/acenza/TASK/TASKOTCTASK\\_INTERNAL\\_RESOURCE\\_RESPONSEisplay.asp?id=1...](https://dms-acclaim.group.cigna.com/acenza/TASK/TASKOTCTASK_INTERNAL_RESOURCE_RESPONSEisplay.asp?id=1...) 6/1/2005

Page 2 of 2

Acenta: Task

Investigation Result			
Active Contents			
Type	Due Date	Created By	Assigned To
LTD	06/05/2009	Mark Soddars	ALFANO, STEVEN -- 099443648 -- 01/14/1958
Status: New	Assigned To: Scott Taylor	Created: 06/01/2005 11:25 AM	

[https://dms-acclaim.group.cigna.com/acenza/TASK/TASKOTCTASK\\_INTERNAL\\_RESOURCE\\_RESPONSEDdisplay.asp?id=1...](https://dms-acclaim.group.cigna.com/acenza/TASK/TASKOTCTASK_INTERNAL_RESOURCE_RESPONSEDdisplay.asp?id=1...) 6/1/2005

CLICNY 0861

Task: Claim Strategy

Start Date: 04/28/2005 Due Date: 05/06/2005

Notes (0/0)

Details

Name: STEVEN ALFANO SSN: 958-44-9648 DOB: 01/14/1958

Account Name: WEILL MEDICAL COLLEGE Account #: NYKG001972 Incurred Date: 08/06/2000

Claim Manager: Mark Sodders Incident #: 513554 Claim Eff DI-Status: 01/21/2003 - Active

Update Rationale - Claim Status Information - Duration Information - Strategy Documentation

Update Rationale

Title: AMD Staffing

Update Rationale: Other New Information

For Work-up and Nurse Interaction Only

Role: Name:

For Staffings Only - Indicate Resources Present (check all that apply)

☒ AMD

☐ NCM

☐ VRC

☐ CBH Specialist

☐ On-Site Psych

☐ Network Orthopedist

Claim Status Information

Status: Active

Status Reason: Onm Occ - Receiving Payments

Reopened Reason:

Second Eye Review:

[https://dms-acclaim-group.cigna.com/acerza/TASK/TASKOTCTASK\\_CREATE\\_CLAIM\\_STRATEGYDisplay.asp?id=126863...](https://dms-acclaim-group.cigna.com/acerza/TASK/TASKOTCTASK_CREATE_CLAIM_STRATEGYDisplay.asp?id=126863...) 6/1/2005

Acenza Task

Required

☐ Second Eye Review Complete

Date

User ID

Comments

04/27/08 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states ex unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/W from 08/01/04 through present.

KDSodders CM

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		

Provider's

Estimated

RTW Date

ERO

Days

0

ERO Reason

Primary ICD Description

Primary ICD Code 72252

LUMBSLUMBOSAC DISC DEGEN

Strategy Documentation

Level of Functional

Capacity

Restrictions &amp; Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

-16-2005 13:04 From:

Tel: 212 746 6127

P.1



## Facsimile Transmission Cover Sheet

2nd Request

May 16, 2005 TS  
2:05 p.m.CIGNA Group Insurance  
Life, Accident, DisabilityTransmit to FAX number  
212-746-8127Date  
April 28, 2005Time  
1:00 p.m.Total number of pages  
(including this sheet): 4Name  
Dr. Roach  
CompanyPhone  
212-746-2879

Address

Name  
Mark Sodders  
Department  
CIGNA Disability Management SolutionsPhone  
1.800.352.0611 Extension 5693Address  
12225 Greenville Avenue  
Suite 1000, LB 170  
Dallas Texas 75243

Medical Records

## Comments

RE: Steven Alfano  
 DOB: 01/34/1938  
 Policyholder: Weill Medical College NYK 1972  
 Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income) we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 8/1/04 to the present.

We ask that you kindly respond by 5/21/05 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Mark Sodders

2nd Request

May 16, 2005 TS  
2:05 p.m.

**CONFIDENTIALITY NOTICE:** If you have received this facsimile, in error, please immediately notify the sender by telephone at the number above. The information accompanying this facsimile transmission contains confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your cooperation.

The Insurance Company of North America  
 Connecticut Life Insurance Company  
 CIGNA Life Insurance Company of New York

I acknowledge receipt of this

To reply, call 860.731.2907



MAY-16-2005 13:04 From:

To: 1212 746 8127

P. 2

NOV 30 2004 3:30PM

NO. 279 P. 5

## DISCLOSURE AUTHORIZATION

Claimant's Name (Please Print):

Steven Alesano

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, pharmacy, employee assistance plan, insurance company, health maintenance organization or similar entity to provide access to or to give the company named below (Company) or the Plan Administrator or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: cause, treatment, diagnosis, prognosis, consultations, examinations, tests, prescriptions, or advice regarding my physical or mental condition, or other information concerning me. This may also include, but is not limited to, information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, fluoro, and AIDS (Acquired Immune Deficiency Syndrome), as well as communicable diseases and genetic testing. If my plan administrator sponsors both a disability plan underwritten or administered by Company and a medical plan of any type written by another CIGNA company, the information and records described in this form may also be given to any CIGNA Company which administers such medical or disability benefits for the purpose of evaluating any claim that may be submitted by me or on my behalf for benefits, for evaluating return to employment opportunities, and for administering any feature described in the plan. This information may also be extracted for use in audits or for statistical purposes.

I AUTHORIZE: any financial institution, accountant, tax preparer, insurance company or reinsurer, consumer reporting agency, insurance support organization, Claimant's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or the Plan Administrator or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage, prior claim files and claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, any amounts payable, return to employment opportunities, and to administer any other feature described in the plan with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim, but not to exceed 24 months. A photocopy of this form is as valid as the original and I or my authorized representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. The information obtained will not be disclosed to anyone EXCEPT: a) requesting companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud detection agencies; d) anyone performing business, medical or legal functions with respect to the claim of the plan, including any entity providing assistance to the Company under its Social Security Assistance Program and employees involved in return to employment discussions; e) for audit or statistical purposes; f) as may be required or permitted by law; g) as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

If my medical information contains information regarding drug or alcohol abuse, I understand that my records may be protected under federal (42 CFR Part 2) and some state laws. To the extent permitted under law, I can ask the party that disclosed information to the Company to permit me to inspect and copy the information it disclosed. I understand that I can refuse to sign this disclosure authorization; however, if I do so, Company may deny my claim for benefits pursuant to the plan. The use and further disclosure of information disclosed hereunder may not be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Claimant or  
Claimant's Authorized Representative:

St. Alesano

Date:

11/4/04

Relationship,

if other than Claimant:

Claimant's Social Security Number:

099-44-9648

Company Name:

CIGNA Life Insurance Company, of New York

## PROHIBITION ON RE-DISCLOSURE

If the medical information contains information regarding drug or alcohol abuse, it may be protected under federal law. Federal regulations (42 CFR Part 2) prohibit any person or entity who receives such protected information from the Company from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of such protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

Page 4 of 5

CLICNY 0865

# PATIENT INFORMATION SHEET

Steven Alfano  
3800 Waldo Ave #13G  
Bronx, NY 10463

HOME  
718-884-2067

OFFICE  
(212) 746-1038

## EMERGENCY CONTACT

NAME Eva Alfano  
PHONE 718-884-2067

DOB	SEX	DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS			
099-44-9648	M	01/14/1958		M	W	D	S
				PATIENT NAME			
Eva Alfano							
INS. CO. NAME (Primary)				INS. CO. NAME (Secondary)			
United HealthCare (Employee)				Medicare			
PLAN #				GROUP #			
963376884				099-44-9648-A			

ICD 222.4 CERVICAL ECC (ICD9CM 622.4) (01/14/1958)  
 ICD 781.90 NERVOUS/SCHEMEL DYM (ICD9CM 781.90) (01/14/1958)  
 ICD 780.47 SLEEP APNEA INTERMITTENT (ICD9CM 780.47) (01/14/1958)  
 ICD 780.8 GENERAL MEDICAL EXAMINATION (ICD9CM 780.8) (01/14/1958)  
 ICD 782.1 NONSPECIFIC SKIN ERUPTION (ICD9CM 782.1) (01/14/1958)  
 ICD 862.1 SPRAINED THUMB (ICD9CM 862.1) (01/14/1958)  
 ICD 607.14 IMPOTENCE, ORGANIC (ICD9CM 607.14) (01/14/1958)  
 ICD 862.9 TOOTH DEVELOPMENT DISORDERS (ICD9CM 862.9) (01/14/1958)  
 ICD 611.1 DEPRESSIVE DISORDER (ICD9CM 611.1) (01/14/1958)  
 ICD 211.7 BILIARY LONG BOWEL (ICD9CM 211.7) (01/14/1958)  
 ICD V72.4 PREOP EXAMINATION (ICD9CM V72.4) (01/14/1958)  
 ICD 724.02 SPINAL STENOSIS-LUMBAR (ICD9CM 724.02) (01/14/1958)  
 ICD 724.20 SPINAL STENOSIS (ICD9CM 724.20) (01/14/1958)  
 ICD 600.1 HYPERTENSIVE HEART DISEASE (ICD9CM 600.1) (01/14/1958)  
 ICD 533.00 GASTRITIS (ICD9CM 533.00) (01/14/1958)  
 ICD 533.10 GASTRITIS (ICD9CM 533.10) (01/14/1958)  
 ICD 725.9 ADDUCTOR OF TOE (ICD9CM 725.9) (01/14/1958)  
 ICD 681.9 CELLULITIS OF SKIN (ICD9CM 681.9) (01/14/1958)  
 ICD 716.88 ARTHROPATHY (ICD9CM 716.88) (01/14/1958)  
 ICD 346.70 CLUSC (ICD9CM 346.70) (01/14/1958)  
 ICD 682.1 TONGUE (ICD9CM 682.1) (01/14/1958)  
 ICD 784.2 OUNTSY (ICD9CM 784.2) (01/14/1958)  
 ICD 725.10 LATE EFF (ICD9CM 725.10) (01/14/1958)  
 ICD 381.11 TONIC (ICD9CM 381.11) (01/14/1958)  
 ICD 720.19 ROTATION (ICD9CM 720.19) (01/14/1958)  
 ICD 478.8 UNIFORM (ICD9CM 478.8) (01/14/1958)  
 ICD 346.3 CLASSICAL (ICD9CM 346.3) (01/14/1958)  
 ICD 681.9 ARTHROPATHY (ICD9CM 681.9) (01/14/1958)  
 ICD 716.17 ARTHROPATHY (ICD9CM 716.17) (01/14/1958)  
 ICD 727.41 CLAVICLE (ICD9CM 727.41) (01/14/1958)  
 ICD 462.1 ACUTE (ICD9CM 462.1) (01/14/1958)  
 ICD 278.0 OBESITY (ICD9CM 278.0) (01/14/1958)  
 ICD 401.1 ESSENTIAL (ICD9CM 401.1) (01/14/1958)  
 ICD 686.0 LOCAL (ICD9CM 686.0) (01/14/1958)  
 ICD 079.99 VIRAL (ICD9CM 079.99) (01/14/1958)

OXYCONTIN 80MG TABLETS / 1 tab po qd  
 LISINOPRIL 20MG TABLET / 1 tab po qd  
 TRIAMCINOLONE 0.1% CREAM / apply tid  
 PREVACID 30MG CAPSULES / 1 po qd  
 IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pm  
 IMITREX 50MG TABLET / 1-2 tabs with onset of migraine  
 ASPIRIN 81MG TABLET EC / 1 po ed  
 VIOXX 60MG TABLET / 1 tab po qd

ALLERGIES

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

Steven Alfano  
NYH # 228-41-47  
01/22/04 15:42

CORNELL INTERNAL MEDICINE ASSOCIATES

Mt Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic . X-rays show no change in the lesion in his proximal femur.  
We will follow him on and annual basis.

Dempsey S. Springfield, MD

ms

0  
9  
5  
7  
2  
3  
6